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EPIDEMIC INFLUENZA.

PREVALENCE IN THE UNITED STATES.

Reports from State health officers for the week ended January 25, 1919, indicate that the number of reported cases of influenza decreased generally throughout the country as compared with the preceding week. (See p. 193.)

Alabama, Illinois, New Jersey, and Virginia reported slight increases in the number of cases, but the following-named States reported fewer cases than during the preceding week: Arkansas, California, Connecticut, Florida, Indiana, Iowa, Kansas, Louisiana, Maine, North Carolina, Ohio, Oregon, Vermont, and Washington.

Reports from the zones surrounding Army camps also show a slight general decrease in the number of cases of influenza reported. (See p. 198.)

A Comparison of the Mortality Rates by Weeks During the Influenza Epidemic of 1889-90 and During the Primary Stage of the Influenza Epidemic of 1918 in 12 Cities in the United States.

A partial comparison of the influenza epidemic of 1889-90 with the present epidemic with respect to mortality may be made from statistics of the former epidemic in certain cities as given in a treatise by Dr. Samuel W. Abbott, late secretary of the Massachusetts State Board of Health,¹ and from preliminary statistics for the same cities as published by the Bureau of the Census in its Weekly Health Index.

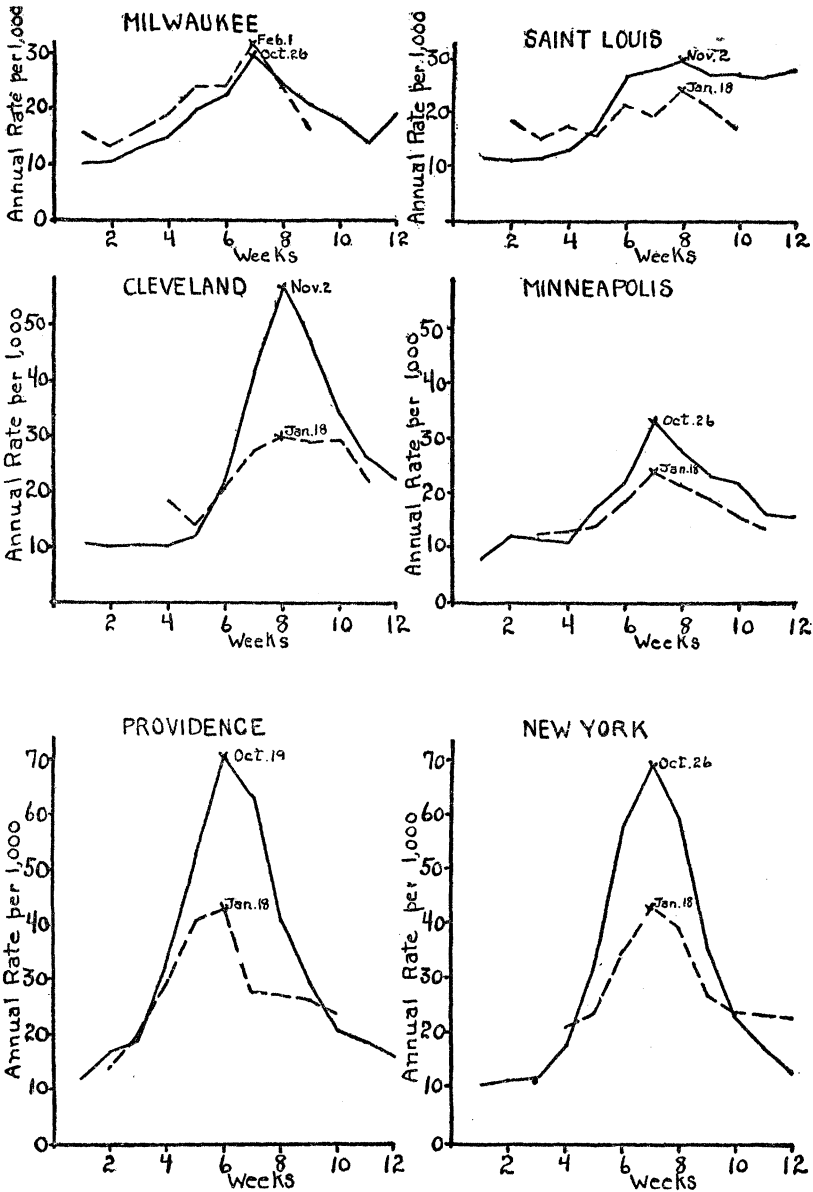
In the paper cited above, Dr. Abbott gives statistics of deaths from all causes and from "respiratory diseases." The Bureau of the Census' Weekly Health Index gives deaths from all causes and from influenza and pneumonia (all forms). Since deaths from respiratory diseases are not directly comparable with deaths from influenza and pneumonia, comparison of the mortality during the two epidemics must be based on deaths from all causes. It appears, moreover, from comparing mortality from all causes with mortality

¹ Abbott, Samuel W., M. D., secretary of the Board of Health of Massachusetts: *The Influenza Epidemic of 1889-90. Twenty-first Annual Report of the State Board of Health of Massachusetts* (Public Doc. No. 34), 1:90, pp. 307-384.

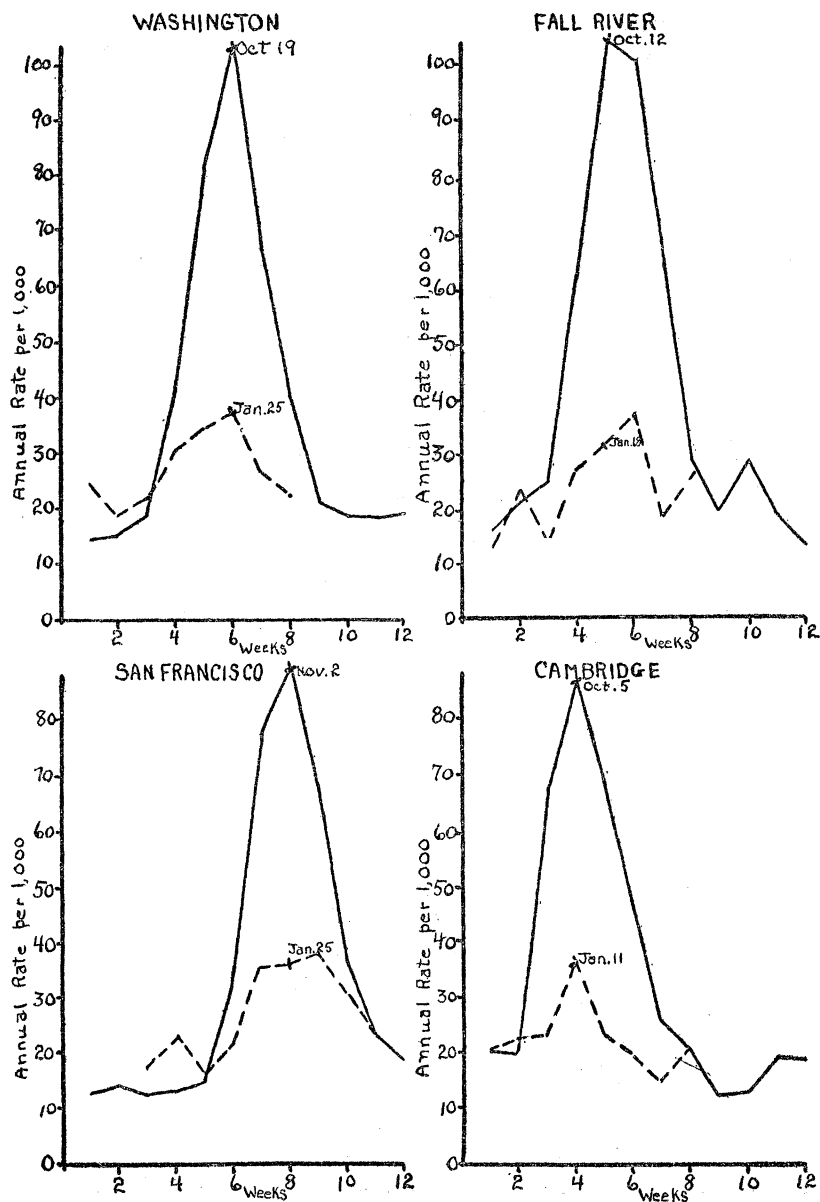
from respiratory diseases during the 1889-90 epidemic, that the mortality from all causes affords a very true picture of the mortality rates as affected by the epidemic. The same may be said of mortality from all causes during the primary stage of the epidemic of 1918 when it is compared with mortality from influenza and pneumonia. The annual mortality rate by weeks from all causes has been employed, therefore, as the basis for the comparison that is presented here.

It will doubtless be realized that the rates for the two epidemic periods are not as comparable as might be desired. The statistics for 1889-90 are probably less complete than those for 1918, for the reason that the reporting and recording of deaths is more accurately and completely done now than 30 years ago. The base line for the epidemic of 1889-90 is higher than that of 1918 because of a higher normal or usual death rate, and, unfortunately, sufficient data are not immediately available for correcting this difference statistically. The statistics of the 1918 epidemic are not strictly comparable with those of the 1889-90 epidemic for the reason that only the primary stage or wave of the 1918 epidemic is represented and mortality during the recrudescences that have occurred, and that may occur, is not brought into consideration. For these and probably other reasons, the statistics can not be utilized with any great degree of refinement and are useful in affording only a very general comparison of the two epidemics.

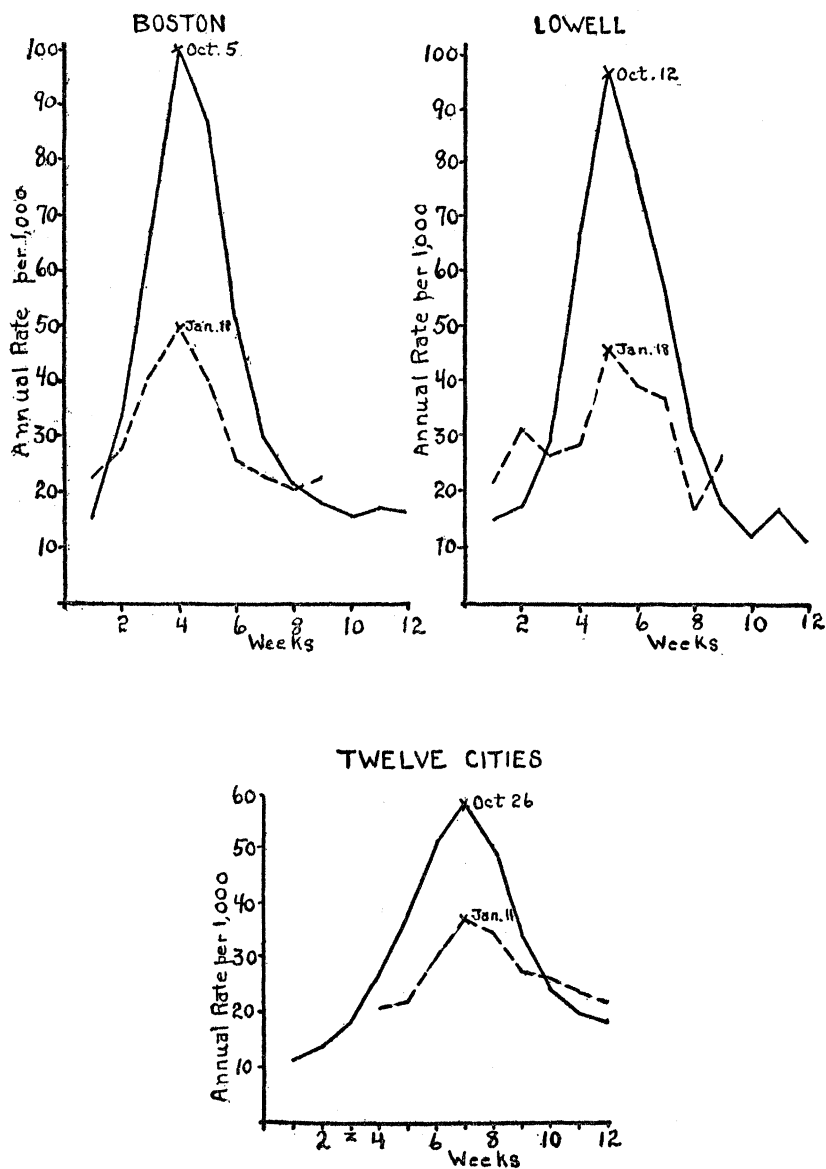
In Tables I and II are shown the annual mortality rate from all causes by weeks for the periods December 15, 1889-February 15, 1890, and September 8-November 30, 1918. In Table III the same figures are presented, but according to a different arrangement: In order to compare the course of the two epidemics, the "peak" weeks (or weeks in which the highest mortality occurred) in the two epidemics are placed together. It was found that this method afforded a fairly clear basis for comparison except in two instances—San Francisco and Fall River—where the curves were fitted together instead. In figure 1 the mortality rates as arranged in Table III have been plotted for each of the 12 cities and for the 12 cities as a single population group, the same scale being used for all of the graphs.



Influenza epidemics 1889-90 (broken line) and 1918 (continuous line). Annual death rate per 1,000 population from all causes, by weeks.



Influenza epidemics 1889-90 (broken line) and 1918 (continuous line). Annual death rate per 1,000 population from all causes, by weeks.



Influenza epidemics 1889-90 (broken line) and 1918 (continuous line). Annual death rate per 1,000 population from all causes, by weeks.

Table I.—Influenza Epidemic of 1889-90.

Annual death rate per 1,000 population from all causes, by weeks, during the period Dec. 15, 1889, to Feb. 15, 1890, compared for 12 cities.¹

City.	Annual death rate per 1,000 from all causes for the week ending—								
	Dec. 21.	Dec. 28.	Jan. 4.	Jan. 11.	Jan. 18.	Jan. 25.	Feb. 1.	Feb. 8.	Feb. 15.
Milwaukee.....	15.0	13.2	15.6	18.3	23.7	23.2	30.6	23.2	16.0
St. Louis.....	17.5	14.6	17.3	15.0	20.1	18.9	23.2	19.9	15.9
Cleveland.....	18.3	14.0	20.1	26.9	29.7	28.7	28.7	21.9	.....
Minneapolis.....	12.0	12.4	13.6	18.0	23.5	21.5	18.7	15.5	13.3
Providence.....	13.8	18.9	28.4	39.8	41.8	27.2	27.2	25.7	22.8
New York.....	20.7	22.3	34.7	42.5	36.1	27.1	23.9	23.5	22.7
Washington.....	24.0	13.3	21.5	29.8	33.9	36.4	25.8	21.7	.....
Fall River.....	12.6	22.4	13.4	26.6	30.9	35.8	18.3	25.9	.....
San Francisco.....	17.1	22.4	16.4	21.6	34.7	35.0	37.3	30.0	23.0
Cambridge.....	19.4	22.3	22.3	35.7	23.1	19.4	14.9	20.1	.....
Boston.....	22.4	27.0	40.5	48.3	40.1	24.9	22.3	19.7	22.3
Lowell.....	21.5	30.9	26.2	28.2	45.0	38.9	36.9	17.4	26.8
12 cities.....	19.5	21.2	29.1	35.4	33.6	27.0	25.1	22.7	² 21.3

¹ The statistics for deaths are from the Twenty-first Annual Report of the Board of Health of Massachusetts (loc. cit.), pp. 380-381, and the rates are computed upon the basis of the census population of 1890. Where no figures appear for any week the data are not available.

² For eight cities.

Table II.—Influenza Epidemic of 1918.

Annual death rate per 1,000 population from all causes, by weeks, during the period Sept. 8 to Nov. 30, 1918, compared for 12 cities.¹

City.	Annual death rate per 1,000 from all causes for the week ending—											
	Sept. 14.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.	Nov. 16.	Nov. 23.	Nov. 30.
Milwaukee.....	9.4	10.4	12.3	13.8	19.3	22.4	29.1	23.9	20.9	17.8	14.3	19.3
St. Louis.....	11.4	10.8	11.7	12.4	15.7	25.4	27.4	28.5	26.3	26.6	25.3	27.4
Cleveland.....	10.2	9.5	10.1	10.1	12.1	21.4	40.7	56.0	46.2	33.4	25.6	22.1
Minneapolis.....	7.6	11.9	11.9	11.4	17.0	21.6	32.2	27.6	22.8	21.9	15.9	15.1
Providence.....	11.3	16.6	18.0	31.5	51.7	68.9	61.7	39.8	26.3	20.0	18.4	15.6
New York.....	11.1	11.5	12.1	17.9	33.1	56.6	67.6	58.2	35.7	22.8	17.9	15.7
Washington.....	14.0	14.4	18.5	39.7	79.7	100.5	65.6	39.2	20.9	18.3	18.0	18.5
Fall River.....	15.4	20.3	24.4	60.2	101.6	98.0	62.6	28.0	19.1	28.0	19.1	14.2
San Francisco.....	12.7	14.1	12.7	13.2	14.4	31.3	75.9	87.6	67.2	36.0	23.0	18.4
Cambridge.....	19.7	19.2	65.5	85.2	68.0	46.8	24.8	19.6	12.6	13.1	18.7	18.7
Boston.....	14.5	32.6	65.8	98.0	85.4	50.6	29.0	21.2	17.5	15.3	17.1	16.0
Lowell.....	14.8	17.2	28.7	65.4	94.1	76.5	55.9	30.1	17.7	12.4	17.2	11.5
12 cities.....	11.5	13.6	17.5	25.6	36.3	49.4	55.6	49.0	33.2	23.3	19.1	17.5

¹ The statistics for deaths are from the Weekly Health Index, issued by the Bureau of the Census, and the rates are computed upon the basis of the Bureau of the Census population estimates as of July 1, 1918.

Table III.—Influenza Epidemics of 1889-90 and 1918.

Annual death rate per 1,000 population from all causes, by weeks, compared for 12 cities, the rates being arranged with respect to the week of highest mortality in each epidemic (see Fig. I).¹

City.	Year.	Week of highest mortality during the epidemic (week ending)—	Annual death rate from all causes, by weeks.															
			Weeks prior to week of highest mortality during the epidemic.							Week of highest mortality during the epidemic.	Weeks subsequent to week of highest mortality during the epidemic.							
			Seventh.	Sixth.	Fifth.	Fourth.	Third.	Second.	First.		Second.	Third.	Fourth.	Fifth.	Sixth.	Seventh.	Eighth.	
Milwaukee.....	1889-90	Feb. 1	.....	15.0	13.2	15.6	18.3	23.7	23.2	30.6	23.2	16.0	.....	.....	.....	.....	.....	.....
.....	1918	Oct. 26	.....	9.4	10.4	12.3	13.8	19.3	22.4	29.1	23.9	20.5	.....	.....	.....	.....	.....	.....
St. Louis.....	1889-90	Feb. 1	.....	17.5	14.6	17.3	15.0	20.1	18.9	23.2	19.9	15.9	.....	.....	.....	.....	.....	.....
.....	1918	Nov. 2	11.4	10.8	11.7	12.4	13.7	25.4	27.4	28.5	26.3	26.6	.....	.....	.....	.....	.....	.....
Cleveland.....	1889-90	Jan. 18	.....	.....	.....	18.3	14.0	20.1	26.9	28.7	28.7	28.7	.....	.....	.....	.....	.....	.....
.....	1918	Nov. 2	10.2	9.5	10.1	10.1	12.1	21.4	40.7	36.0	46.2	33.4	22.1	.....	.....	.....	.....	.....
Minneapolis.....	1889-90	Jan. 18	.....	.....	.....	12.0	12.4	13.6	18.0	21.3	21.3	13.5	.....	.....	.....	.....	.....	.....
.....	1918	Oct. 26	.....	7.6	11.9	11.9	11.4	17.0	21.6	32.8	32.8	22.5	15.3	.....	.....	.....	.....	.....
Providence.....	1889-90	Jan. 18	.....	.....	.....	13.8	18.9	28.4	39.8	41.8	41.7	39.5	20.0	.....	.....	.....	.....	.....
.....	1918	Oct. 19	.....	.....	.....	16.6	20.7	32.3	51.7	68.9	36.1	27.2	15.6	.....	.....	.....	.....	.....
New York.....	1889-90	Jan. 11	.....	.....	.....	26.7	33.1	56.6	79.7	92.5	58.2	35.7	22.8	.....	.....	.....	.....	.....
.....	1918	Oct. 26	.....	11.1	11.5	12.1	17.9	33.1	56.6	79.7	26.4	25.8	21.7	.....	.....	.....	.....	.....
Washington.....	1889-90	Jan. 25	.....	.....	.....	18.3	21.5	29.8	33.9	36.4	35.8	39.2	18.3	.....	.....	.....	.....	.....
.....	1918	Oct. 19	.....	.....	.....	15.6	22.4	39.4	26.6	30.9	62.8	28.0	19.1	.....	.....	.....	.....	.....
Fall River.....	1889-90	Jan. 18	.....	.....	.....	15.4	20.3	24.1	60.2	101.6	98.0	62.8	28.0	.....	.....	.....	.....	.....
.....	1918	Oct. 12	.....	.....	.....	22.4	16.4	31.3	34.7	35.0	37.3	30.0	23.0	.....	.....	.....	.....	.....
San Francisco.....	1889-90	Jan. 25	.....	.....	.....	17.1	12.7	22.4	21.6	24.7	67.2	36.0	23.0	.....	.....	.....	.....	.....
.....	1918	Nov. 2	12.7	14.1	12.7	13.2	14.4	31.3	75.9	87.6	67.2	36.0	23.0	.....	.....	.....	.....	.....
Cambridge.....	1889-90	Jan. 11	.....	.....	.....	19.4	22.3	19.4	22.3	35.7	23.1	19.4	14.9	.....	.....	.....	.....	.....
.....	1918	Oct. 5	.....	.....	.....	.....	19.7	19.2	65.5	35.7	68.0	46.8	24.8	.....	.....	.....	.....	.....
Boston.....	1889-90	Jan. 11	.....	.....	.....	.....	22.4	27.0	40.1	40.5	85.2	40.1	24.9	.....	.....	.....	.....	.....
.....	1918	Oct. 5	.....	.....	.....	.....	14.5	32.6	65.8	98.0	85.4	50.6	29.0	.....	.....	.....	.....	.....
Lowell.....	1889-90	Jan. 18	.....	.....	.....	21.5	30.9	26.2	28.2	38.9	36.9	36.9	21.2	.....	.....	.....	.....	.....
.....	1918	Oct. 12	.....	.....	.....	14.8	17.2	28.7	65.4	76.5	76.5	55.9	30.1	.....	.....	.....	.....	.....
12 cities.....	1889-90	Jan. 11	.....	.....	.....	.....	19.5	21.2	29.1	33.6	33.6	27.0	22.7	.....	.....	.....	.....	.....
.....	1918	Oct. 26	.....	11.5	13.6	17.5	25.6	36.3	49.4	49.0	49.0	33.2	23.3	.....	.....	.....	.....	.....

¹ See footnotes on Tables I and II.

These statistics, although obviously not as complete as may be desired, indicate that:

1. The mortality rate rose to a much higher point during the primary wave of the 1918 epidemic than in the epidemic of 1889-90 in 9 of the 12 cities. It is of interest to note that the rate was relatively low during both epidemic periods in St. Louis, Milwaukee, and Minneapolis. If the mortality during the 8 weeks of highest mortality be compared for the two epidemic periods in the twelve cities, considered as a single population group, it is seen that the annual mortality rate during the period December 15, 1889, to February 8, 1890, was 26.7, as against 35.2 for the period September 29 to November 23, 1918. In the peak week the rate rose to 55.6 in the 1918 epidemic as compared with 35.4 in the 1889-90 epidemic.

2. While considerable irregularity in the curves as plotted in figure 1 is evident, the curves of the two epidemics manifest, on the whole, quite a striking similarity for the same cities considered individually and as a whole. The length of the primary stage or wave—aside from recrudescences or continuance of relatively high, but not truly epidemic mortality rates—was quite similar for the two epidemics in all of the cities.

"PATENT MEDICINES"—DISCLOSURE OF INGREDIENTS.

REGULATION REQUIRING DISCLOSURE OF INGREDIENTS OF PROPRIETARY MEDICINES HELD INVALID BY NEW YORK COURT, BUT CAPABLE OF AMENDMENT SO AS TO MAKE IT VALID.

That portion of the sanitary code adopted by the board of health of the city of New York, which requires the names of the ingredients of patent or proprietary medicines to be registered in the department of health before such medicines can be sold, has been declared invalid by the New York Court of Appeals.¹

When the ordinance went into effect, the plaintiff, a concern engaged in the importation and sale of proprietary and patent medicines, had in stock large quantities of drugs, the ingredients of which it did not know and could not ascertain. The ordinance did not except such merchandise from its operation, and the plaintiff contended that it was void, because in effect an absolute prohibition was laid upon the sale of its existing stock. This contention the court of appeals sustained. In the opinion the court said:

The argument is made that the ordinance is an arbitrary exercise of the power of government. We do not think so. Its purpose and effect are well within the limits of the police power. The purpose is the preservation of the public health and safety. * * * The form of protection is publicity. * * * The public health is safeguarded by disclosure to public officers charged by law with its protection. * * * One other objection to the ordinance is yet to be considered. We think it points to

¹ E. Fougere & Co., Inc., v. City of New York et al., 120 N. E. 642.